



PATIENT-CENTERED MEDICAL HOME STAKEHOLDER COUNCIL
Meeting Minutes : May 18, 2016
CSI Basement Conference Room - Helena (and via phone)

Members Present

Dr. Rob Stenger, Chair, Partnership Health Center
Dr. Larry Severa, Billings Clinic
Paula Block, Montana Primary Care Association
Jody Haines, Providence Medical Group
Jessica Cotton, Southwest Community Health Center
Kristen Schuster, Glacier Medical Associates
Erwin Austria, Blue Cross Blue Shield of Montana
Mary LeMieux, Montana Medicaid, DPHHS
Justin Murgel, PacificSource Health Plans
Lara Shadwick, Mountain Pacific Quality Health Foundation
Todd Harwell, Public Health and Safety Division, DPHHS
Bill Warden, Hospital Lobbyist
Sen. Mary Caferro, State of Montana
Dr. Patrick Van Wyk, Veterans Affairs Montana Health Care System (Ad Hoc Member)

Members Absent

Dr. Janice Gomersall, Vice-Chair, Community Physicians Group
Carla Cobb, RiverStone Health

Interested Parties Present

Dr. Jonathan Weisul, Allegiance Benefit Plan Management
Dr. Gary Mihelish, Mental Health Advocate
Kathy Myers, DPHHS
Kelley Gobbs, DPHHS
Dr. Eric Arzubi, Billings Clinic (Guest Speaker)

CSI Staff Present

Amanda Eby
Catherine Wright
Christina Goe

Welcome, agenda review and minutes approval

The meeting was called to order at 1:03 pm. Amanda Eby conducted roll call. Dr. Stenger asked members to review the minutes and provide any comments. There were no comments. Dr. Stenger called for a motion to approve the minutes. Dr. Severa moved to approve the April 2016 stakeholder council meeting minutes. Bill Warden seconded the motion. The minutes were unanimously approved.

Quality Metric Subcommittee Report

After a brief hiatus, the QM subcommittee met on May 11. At that meeting, the CSI reported on the general condition of the quality metric data files, the data cleaning process, the current status of the data analysis, and the timeline going forward. Thirty-eight clinics reported aggregate (option 2) and 23 clinics reported patient-level (option 1) data. Several anomalies found by CSI staff in the data such as blank entries, not following the data dictionary and the clinics follow-up they did. CSI continues to make appropriate corrections to the data files based on the clinics' instructions and document all changes made to data.

The CSI also reminded the council that patient-level data is required in 2017.

Payor Subcommittee Report

The payor subcommittee reconvened on May 12 after a brief hiatus. CSI asked the three of the four payors in the program that were in attendance to comment on the 2016 reporting cycle in regard to both the utilization measures and the narrative annual reports. Medicaid, Allegiance, and BCBS all commented that reporting went well and they didn't encounter any problems. The payors agreed that no changes need to be made to the utilization measure reporting guidance for the next reporting cycle in 2017. The three payors that were in attendance also discussed preliminarily the need to re-submit their 2014 utilization data according to the new 2016 reporting specifications so that the 2014 data and 2015 data could be an apples-to-apples comparison.

Education Subcommittee Report

The Education Subcommittee met on May 4 to discuss the results of the Provider Recruitment Survey sent to 10 organizations (representing approximately 1,748 members) during the last two weeks of April. Due to the staggered distribution, the CSI extended the deadline to May 10. As of May 4, the CSI had received 47 responses. Key summary points are 68% of respondents have either a High or Medium level of knowledge about PCMH; online resources and peer-to-peer learning were rated highest as helpful resources; the number one barrier to PCMH implementation is "staffing limitations"; nearly 75% of the respondents indicated a lack of knowledge about the PCMH Stakeholder Council; and finally, just 19 clinics requested more information about Montana PCMH.

CSI will develop a webpage linked from the CSI PCMH Stakeholder page featuring links and downloads to PCMH research and reports, case studies, transformation processes, webinars, practice tools, etc. Finally, given the indicated lack of interest in webinars, the subcommittee amended the plan to do a 4-part webinar series and decided to move forward with only one provider education webinar, to start, focusing on the Montana program to-date, emphasizing the clinic perspective on transformation, including best practices, benefits and barriers.

Legislative Work Group Report

The Legislative Work Group met May 12 to further discuss strategies for the upcoming legislative session and the pending PCMH legislation. The CSI reminded the work group that legislation to remove the sunset provision from the PCMH law is part of the Commissioner's legislative agenda for 2017. In

preparation for the July work group meeting, the CSI will prepare a bill draft. The work group stressed the importance of educating legislators on the value of PCMH. The CSI will draft Fact Sheets for new and veteran legislators, highlighting the program growth, success and future potential, plus clinic and patient perspectives.

Independent Study Update

Dr. Stenger reported that the work group met May 17 and heard a brief update from Dr. Ward. He reports that a draft of Section I (background/overview) is completed. June 8, Dr. Ward will submit a draft of all sections of the study except for the data analysis to CSI. June 10 is the deadline for the data analysis from the Department of Health to CSI.

Discuss 2016 Public Report

Amanda is preparing an outline for the 2016 Public Report. Each section will be reviewed and updated with program changes and new data. The council will review a draft via email in before the end of the month. The report will be released June 30.

Project ECHO Presentation

Dr. Eric Arzubi, Billings Clinic, gave a presentation on collaborative care and an integrated behavioral health care model. Project ECHO, a New Mexico-based global initiative, works to team clinicians in smaller or rural areas with a health team (for instance, a psychiatrist, pharmacist, addiction counselor and therapist) at medical centers through weekly virtual meetings. Project ECHO aims to provide learning opportunities and to empower rural clinics to increase their comfort-level overtime with certain types of behavioral health cases and then use ECHO for more challenging case studies.

Read the presentation [here](#).

Future Meetings

The Stakeholder Council's next meeting is **Wednesday, June 15 at the CSI office in Helena**. The **Education** subcommittee will meet **June 1 at noon**. The **Quality Metrics** subcommittee will meet **June 8 at noon** and the **Legislative Work Group** meets **July 14 at 1:00 pm**. The **Payor** subcommittee will reconvene in September or October (TBD).

Amanda requested that stakeholders review the PCMH timeline posted on the CSI PCMH web page and provide any comments about the remainder of the 2016 schedule.

And, as a reminder, all council members and interested parties are invited to attend all meetings.

Public Comment

Dr. Mihelish reminded the council that it's important to be faithful to the model, (in regard to Project ECHO and similar initiatives). With 31 years following mental health issues he knows from past Montana experiences that failed when they didn't follow the model.

Meeting adjourned at 2:50 pm.